

The right of seniors to health protection, specific needs and the importance of therapy within the framework of spa treatment

(Prawo seniorów do ochrony zdrowia, specyfika potrzeb i znaczenie terapii w ramach leczenia uzdrowiskowego)

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Abstract – Introduction. Ageing of the modern societies progress is contemporary extremely quick. Such problem concerns many of the European countries, Poland as well, and so far no preventive measures seem to help. It has the direct influence on the general health status of the population: in old age the health worsens and different diseases, mostly chronic and specific for this age, appear. The intellectual ability and productivity decreases.

The aim of the study. In this paper the thesis has been put forward that for the growing population of elderly people it is particularly important to search for new forms of therapy and treatment, taking into account the specific health needs of these people.

Materials and Methods. The analysis of the available literature, regulations and statements of the interested parties stakeholders) was provided and the key aspects of the issues were described. (Union of Health Resorts, National Health Fund, Ministry of Health).

Results. The analysis of the sources provided information on the influence of the sanatorium's treatment on the health status of patients in old age. The available data show that this sector constitutes important part of the health care system, specifically regarding the health needs of this particular group. Some functional and financial problems however are clearly visible and the change of the systemic approach would be expected.

Conclusions. Sanatoriums/ health resorts in Poland need the change of the concept and health policy shifting oriented on the full inclusion to the system of elderly care. The ageing population may receive in this particular form of treatment the adequate health services, no –invasive, concentrated on prophylactic, health education and lifestyle change.

Key words - ageing of the population prophylactic, health promotion, sanatorium's/ health resorts treatment.

Streszczenie – Wstęp. Społeczeństwa nowoczesne starzeją się w ogromnie szybkim tempie. Dotyczy to wielu krajów europej-

skich, także Polski i niestety jak dotąd nie udaje się skutecznie temu zapobiegać. Ma to bezpośredni wpływ na ogólny status zdrowotny populacji: w podeszłym wieku w sposób naturalny związany z procesami biologicznymi starzenia się organizmu pogarsza się wydolność narządów i układów, pojawiają się różne typowe dla tego wieku choroby przewlekłe, obniża się sprawność intelektualna i fizyczna, prowadząc do różnego stopnia niesprawności i spadku wydajności i produktywności.

Celem pracy. W niniejszym opracowaniu postawiono tezę, że dla rosnącej licznie populacji osób starszych szczególnie istotne jest poszukiwanie nowych form terapii i leczenia, uwzględniających specyfikę potrzeb zdrowotnych tych osób..

Materiał i metody. Kluczowym materiałem analitycznym jest szereg publikacji oraz dostępne dane w sferze możliwości leczenia uzdrowiskowego dla osób starszych i rozwoju tego segmentu opieki. Przeprowadzono analizę dostępnej literatury, regulacji oraz szeregu informacji zamieszczonych na stronach internetowych kluczowych organizacji (Unia Uzdrowisk, NFZ, Ministerstwo zdrowia).

Wyniki. Analiza materiału źródłowego dostarczyła informacji odnoszących się do kwestii wpływu lecznictwa uzdrowiskowego na status zdrowotny pacjentów w wieku starszym. Z dostępnych danych wynika, że lecznictwo to stanowi istotny element systemu ochrony zdrowia, w szczególności w kontekście specyficznych potrzeb zdrowotnych w tej grupie populacji.

Wnioski. Uzdrowiska w Polsce potrzebują nowej koncepcji i ukierunkowania polityki zdrowotnej na pełnoprawne włączenie do systemu opieki nad osobami starszymi, które w tym trybie mogą uzyskać odpowiednie, nieinwazyjne, skoncentrowane na profilaktyce, edukacji zdrowotnej i zmianie stylu życia świadczenia.

Słowa kluczowe – starzenie się populacji, profilaktyka, promocja zdrowia, leczenie uzdrowiskowe.

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Authors' contributions to the article:

- A. The idea and the planning of the study
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Accepted for publication: February 20, 2019.

I. INTRODUCTION

Health in the 21st century has ceased to have only a medical dimension, and this problem also goes beyond the broader and currently accepted definition of WHO¹, which includes social, economic, sociological, environmental or psychological factors in the concept. New elements of influence on health, concerning culture, art, aesthetics or communing with nature, are increasingly pointed out. Not without significance in this case are also aspects relating to the mode, conditions or processes in which therapy or rehabilitation are undertaken and the moment, stage of undertaken actions. In this context, it is important to highlight the strategies that are particularly important today: on the one hand, the focus on health pro-

¹ Health is a state of complete physical, mental and social well being, and individuals or groups must be able to identify and pursue their aspirations, meet their needs and change or cope with the environment. Therefore, health is seen as a life resource and not as a life goal. Health is a positive concept, encompassing personal and social resources and physical capabilities, not just the absence of an objectively existing disease or disability. Moreover, since the second half of the 1970s, the WHO has described as desirable a level of health that would enable them to lead an economically and socially productive life (will permit them to live a socially and economically productive life), cf. The WHO resolution adopted at the World Health Assembly in May 1977.

motion and prevention and, on the other, the problem of health

inequalities. Taking into account demographic processes, and especially the ageing of societies, it is necessary to pay attention to the mutual relations between these issues. They raise the question of whether, in fact, in view of the growing population of older people, in accordance with the principle of non-discrimination, health promotion and prevention measures are being taken in relation to this group and, if so, what they are, where and how they are or can be implemented. In practice, however, is not the elderly population discriminated against? [1]

In this paper the thesis has been put forward that for the growing population of elderly people it is particularly important to search for new forms of therapy and treatment, taking into account the specific health needs of these people.

II. DEMOGRAPHIC AND SYSTEMIC CONDITIONS SUWARUNKOWANIA

Current trends and systemic effects

In the contemporary world, unfavourable demographic trends, in particular the problem of the progressive aging of the population are one of the most important preconditions for the necessary reforms in health care to occur. A large number of academic works have been written about the impact of ageing processes on the functioning of healthcare and the related challenges of health policy in the coming years [2]. This is confirmed by the available statistical data [3]. In the context of the necessary systemic changes, the increasing importance of health needs maps as a basis for decisions taken in the sector and for increasing the level of financing for health care has been stressed many times. It also seems particularly important to pay attention to what is inevitable in the near future – in subsequent years, the predominance of the ageing population will be a fact. In this matter, forecasts are unoptimistic [4]; [5]. Moreover, at the beginning of the 21st century, the problem of discrimination of this population group in the context of health care is signalled by many authors [6]. It is also visible in available studies [7] and reported in project documents regarding not only the situation in Poland [8].

For a number of reasons, this raises key features; system resources are shrinking and needs are constantly growing and this process is practically impossible to slow down these are also the costs of progress and the introduction of expensive technologies into medicine. This requires a fundamental change in approach, although there are doubts

about whether we are ready for it as a society especially in the context of the need to redefine systemic priorities [9]. In particular, it seems reasonable to identify possible options for improving the difficult situation by shifting the focus from costly treatment to less costly: health promotion, prevention and prevention.

Unfortunately, what is obvious is not necessarily easy to implement. Moreover, in a systemic perspective, the often introduced fundamental changes have not only the expected consequences, assumed by the reformers, but also the unexpected and even undesirable, sometimes even destroying the original objectives. It happens that they are in contradiction with the principles introduced as the basic values determining the legitimacy of creating system solutions in general. This applies, for example, to the issue of accessibility to health care, which was supposed to be the result of the introduction of universal systems. In democratic countries, a system of fundamental values in health care is created by constitutional principles such as the universality of the right to health care, equality of access to health care or the principle of non-discrimination for any reason² [10] as well as other rules such as the ones concerning the functioning of the health care system and its components contained in the so-called acts system³.

III. SPECIFICATION OF THE NEEDS OF OLDER PEOPLE IN THE CONTEXT OF HEALTHY TREATMENT

In the light of the obvious specificity of older people's needs, indicated above and noticeable in the literature [11], the question arises how to effectively, but not invasively, multi-directionally and with concern for minimizing risks associated with multi-routine health, general condition and quality of life of older people.

The possibility of applying treatment in the spa treatment segment is clearly evident in one of the first plans. In Poland, it is an element of health protection embedded in a long-standing tradition, based on historically, landscaping and resource-rich institutions, inscribed not only in the concept of public health, but also in the cultural and social heritage of Poland - though it is not always remembered. [12] These aspects are important in the context of the need

to look for instruments to prevent the loneliness⁴ and social isolation that often occurs in this age, and the accompanying serious depression accompanying these phenomena.

Spa treatment is the segment of health care in which there are possibilities to use for the benefit of patients various forms conducive to socialization, social activation, social, cultural and intellectual patients. Knowledge in this area - health impact of non-medical factors - is well established in the theory of public health and reflected in many so-called "Health mandalas" in the concept of M. Lalond's health fields [13].

In the perspective of the indicated dependencies, it might seem that the therapeutic offer of health resorts, sanatoriums and therapeutic centers should become an important segment of health care perceived systemically, as a result of the interpretation of the right to health protection. This right can only be effectively implemented if it responds to existing needs in an optimal, adequate and at the same time accepted manner by the beneficiaries. These conditions in the context of older people, spa treatment meets without a doubt, as evidenced by the number of people waiting for this form of treatment. Meanwhile, contrary to the expectations of patients, in recent years in relation to spa treatment, one can observe tendencies to exclude this form of care beyond the brackets of systemic activities, a specific depreciation of the effects of this treatment and shifting the spa offer into the sphere of needs entirely realized from private funds.

This is the result of a very traditionalist approach to the patient: in the sphere of treatment of existing serious medical problems, and not in the context of prevention or prevention of the disease process. It is often an expression of accusations that the offer of health resorts is simply free

⁴ The example of the United Kingdom can be cited here: following a report by the J. Cox Foundation that some 200 000 elderly people in the United Kingdom are absolutely lonely and have not had a single conversation with a relative or friend in the last month, a feeling of loneliness accompanies as many as 85 per cent of people with disabilities, the British Government has recognised the negative impact of loneliness on health, including in the context of widowhood. Adequate health policy measures are currently being implemented, with the creation of a Government Plenipotentiary for the fight against loneliness and the establishment of an inter-ministerial working group. The fact that in 2016, 18% of the population was at least 65 years old was cited. Using the old age dependency ratio (OADR), it turns out that in the United Kingdom there are about 285 people aged over 65 per 1000 people aged 16-64, and soon (by 2036) according to UN projections this number will double. In Poland, the problem is also getting worse - it concerns every fifth resident (GUS data). Cf. Population 60+. Demographic structure and health, Central Statistical Office (GUS); Demographic situation of the elderly and consequences of ageing of the Polish population in the light of the projection for 2014-2050 and other US data compilation published on: <http://stat.gov.pl/obszary-tematyczne/ludnosc/>

² Art. 68 Konstytucji RP.

³ Ustawa z 27.08.2004r. o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych, Dz.U. 2004 nr 210, poz. 2135; Ustawa z 15.04.2011 o działalności leczniczej, Dz.U. 2011, 112, poz.854; Ustawy o zawodach medycznych i inne.

holidays for patients, not necessarily ill and in need of treatment⁵. Is this really the case? At least a few answers can be given to this question, and all will depend on very different factors, but certainly many of the opinions served in the media have little in common and result in individual cases, publicized as a result of journalistic misconduct and search for "news", which is emphasized by institutions representing this sector⁶.

The above-mentioned threads should be considered in the context of desired changes in treatment approach in the coming years and in the perspective of the most interested opinions: representation of the spas and their patients, but also professionals, doctors, especially geriatricians, physiotherapists and balneologists. Not without significance is the good well-being of patients and their right to health in the aspect of the possibility of using non-invasive treatment, conditions conducive to promoting health and education of patients, in an atmosphere of trust in medical personnel, which is only due to frequent contact with patients during their stay, they establish a kind of relationship that is unfortunately impossible at a different level of care. In addition, the environment in which the entities offering this type of treatment are changing⁷. [14,15]

IV. PROBLEMS OF AGEING SOCIETIES AND SYSTEMIC HEALTH CARE IN THE SPA MODEL

The ageing of the population in European countries has become an undeniable fact, including in Poland, where this process is still ongoing, despite the fact that attempts are being made to change this situation within the framework of social and family policy, aimed at supporting and motivating parenthood or making decisions about the number of children. [16,17]

Gaps in the system in the context of the need to meet so many health needs of an aging population are noticed by the institutions of the NGO sector (annual action of the Great Orchestra of Chri-

stmas Charity). As it results from the content of official websites, materials and press releases, it is also seen by local governments: the website of the local government portal contains information relating to the Central Statistical Office (GUS) forecast, which shows that nearly 6 million people will die in Poland by 2050, and we are dealing with the phenomenon of double ageing of the population. This means that the number of "hands" to work will decrease, which will have an impact on the economy, the problem will affect many Polish cities and communes, which is already perceived by local governments [18].

The situation of older people on the "free" market of benefits in the area of physical activation, promotion of healthy lifestyle or prevention is only slightly better, because although dietetics centres, health promotion centres, *wellness* and SPA centres are being established today, their customers are usually still young, professionally active people, who have the financial means to provide themselves with adequate services. The issue is not new, the first voices on this issue were voiced at the end of the 90s of the last century [19]. Already at that time, there were voices demanding that the issue of equal treatment of the elderly be perceived as important.

Of course, the demands deserve support, but the population of elderly people is a vast majority of the poor population, which is important for the real possibility of their implementation.

On the other hand, when we consider the according to the available data, it is the Polish population, including the elderly, that consumes the largest number of over-the-counter medication and various dietary supplements in Europe⁸, among which there are many with documented results of studies on the lack of significant impact on health, the question arises as to whether this is what this is all about. Often this exhausts the modest budget of this group to a great extent but does not have a positive impact on health. Unfortunately, these are people who often do not engage in physical activity, live alone and show a rather passive attitude towards the prevention of diseases typical of old age - they are subject to omnipresent advertising and believe that by buying a

⁵ Cf. exemplary opinions at the link: What really happens at the spa, <http://forum.interia.pl/-co-naprawde-dzieje-sie-w-sanatorium-tematy,dId,1045338>

⁶ NP. Union of Polish Health Resorts, protesting against the creation of a false image of Polish health resorts, harming not only the industry, the health care sector, but also the entire economy.

⁷ The model of spa treatment has been changing intensively since the beginning of the 21st century - today, apart from post-treatment, hospital or post-traumatic therapy, in many EU countries it is a thriving area of systemic health care of health tourism promoting healthy lifestyle, prevention of many diseases (this is the case in Germany, Austria, Italy, France, but also in Hungary, Slovakia and the Czech Republic). As many authors stress, it is necessary for health resort treatment to keep up with the changing needs of the market and strong competition (Małecka, Marcinkowski 2007).

⁸ It is often written in the press, as pharmacists and doctors say: Excessive consumption of over-the-counter drugs in Poland, Money. Pl 2016, <https://www.money.pl/gospodarka/wiadomosci/artykul/leki-bez-recepty-w-polsce,71,0,2047559.html>; only in 2015 this market grew in Poland by 6%; according to forecasts, the dynamics of this market in 2017-2021 will reach 4-6% annually, and in 2021 its value will reach 14.2 billion PLN, cf. Polish market of over-the-counter drugs and dietary supplements with rapid growth in the years 2016- 2021, <http://www.wirtualnemedia.pl/artykul/polski-rynek-lekow-bez-recepty-i-suplementow-diety-z-szybkim-wzrostem-w-latach-2016-2021#>; in the light of a CBOS survey in 2016. 89% of Poles used these drugs. The sales record fell in 2016. - Poles spent 31 billion PLN, cf. also: Record of drug sales in Poland. (...),Gazeta Wyborcza 2018, <http://wyborcza.pl/7,155287,21528194,now-record-of-drug-sales-in-Poland-ale-ida-w-Wielkie-zmiany.html>, (access 12. 08. 2018) we buy drugs in huge quantities: Poland at the forefront of European drug users, Forsal. pl 2014, <http://forsal.pl/artykuly/792733,market-medicines-without-prescription-polska-w-czolowce-European-lekomanow.html> (accessed 12. 08. 2018)

product for everyone and for all ailments they invest in their health.

With regard to the issue of a healthy lifestyle in old age, it should be noted that changing bad habits, especially those that have been well "established"; for many years, is not easy. The model of passive rest with the television on, in solitude, often with accompanying irrational eating habits, in old age may be the only known and preferred way of spending time [20]. Often the effect of such bad habits is almost total passivity, not only lack of physical activity, but also intellectual activity, withdrawal from social life, and as a result - health problems [21].

There is no need to prove that in many cases additional mental problems eventually arise: apathy, depression, dementia and a general lack of willingness to live in the sense of maintaining life's aspirations, striving for continuous personal development, also at the last stage of its development. Ultimately, it is not surprising that according to the Central Statistical Office (GUS) data, the quality of life of elderly people in Poland presents itself poorly in the context of their active lifestyle - about 90% of people aged 65+ watch TV every day, of which over 1/3 of them watch TV every day for over 4 hours. As many as 79.2% of the 65+ population did not go for at least 5 days for tourism or recreation, and 47.5% are not satisfied with their health (including very dissatisfied). The survey was carried out in 2011 and unfortunately to date there have been no conditions to change this situation - no systemic proposals have been made [22].

V.DISCUSSION

In developed European countries, activities aimed at encouraging lifestyle changes, promoting healthy movement, participation in social life in the context of multi-generational integration and, especially prevention of serious problems, in particular inhibiting the progressive atrophy of movement and intellectual functions, are undertaken using modern technologies and tools, such as dedicated computer programs, games, simulators. Very often solutions using innovation and advanced technologies are proposed. In this context, subject to the concern about the static nature of this type of activity expressed earlier, a number of research programmes and projects already under way focused on the above objectives should be pointed out.

It seems to be particularly significant, that medical professionals: doctors, nurses, physiotherapists and other specialists understood and accepted the need of change the attitude oriented exclusively on therapeutic interventions and medical community accepted the fact that especially in longlasting process of rehabilitation element of innovation, fun, social participation may relevantly influence progress of the sick. Meanwhile, very often health resort treatment are being referred to as "free holiday" - arguments concern

forms of spending time, not having much in common with treatment. In Poland, it is getting with great difficulty to social consciousness - and unfortunately even more difficult to professionals - that possibility of simultaneous treatment (non-invasive - which could be especially important for elderly people) and active rest (with elements of social entertainment or even social participation) what is often for living lonely, ailing and withdrawn the only opportunity to improve their health or at least their well-being and form. It is true that the way the referrals are being issued and verified do not help the health resort treatment but this truth has its grounds: little knowledge about this form of treatment and its restrictions (they should not be forgotten - not everyone could be treated in this course). Other issues are problematics of health promotion addressed to the population of elderly people. and innovativeness. It seems to be obvious that it is worth it, even in the late age, to put pressure on commonly regarded health promotion, as well as prevention, prophylaxis and necessary activating actions. The reality does not, however, make up a reflections of such statement. It would be useful to work out approach addressed to elderly people, appropriately towards their needs' specifics and with use of innovative devices [23]. Technologies may be really helpful (motivating function - influence on methods' attractiveness), Very interesting solution in Europe, however not so innovative, is new sort of medical undertakings: possibility of issuing prescriptions for motion. Since it is commonly known that motion is beneficial for example for patients - convalescent after cardiac infarction and suffering from multiple other illnesses of the circulatory system, so tutorials with physiotherapist or a coach instead of (or besides) pharmacological therapy are worth subsidizing. Nowadays there is plenty of evidences for beneficiary effect of physical activity in case of such patients but there still lacks motivation - both the patients as also their doctors. In some countries these solutions are being applied (France, Netherlands, Scandinavia). It seems that, because of low costs, they could be successfully adapted to needs of Polish elderly patients⁹.

The key problem in context of rising population of elderly people and their health status is necessity of including multiple social, cultural or psychological matters influencing health, which, on the one hand, is being determined by social attitude towards this group, and, on the other, very often by individual situation of the patient.

⁹ The beneficial effects of the movement were already known in the 16th century. - Polish kings were advised by a doctor and philosopher, Jan Oczko, who claimed to be: „*movement will replace almost any medicine, while no medicine will replace movement.*”

Today, increasing mobility causes not only the phenomenon of the Euro orphanhood described in the literature, but also the abandonment of the elderly by loved ones looking for better life prospects. This often happens at a time when parents, grandparents and even their loved ones need the most contact and even the care of their loved ones. Loneliness of elderly people is often the cause of their death, according to researchers who estimate that it increases the risk of premature death by about 14% [24]¹⁰. In this context, it is worth stressing the social benefits of mentoring on the part of older people¹¹.

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¹⁰ Studies conducted by Cacioppo J. , an American psychologist and loneliness expert, among others, prove that it is a factor very similar to poverty (this increases the risk by about 19%) - loneliness affects sleep, increases blood pressure, increases the level of cortisol (stress hormone), disturbs the expression of genes associated with the work of the immune system, increases the risk of depression and generally reduces mood, there are symptoms similar to dementia, cf. also Kossobudka M. , 2014 http://wyborcza.pl/1,75400,15484025,Samotnosc_kill_older_persons_twice_current.html

¹¹ Such research was conducted, among others, within the framework of activities organised by the Institute for Private Enterprise and Democracy Research, Intergenerational knowledge transfer in Polish companies - mentoring and e-learning, SISC Project (Senior Intergenerational Social Capital) implemented simultaneously in Poland, Germany, Italy and Bulgaria, http://iped.pl/pliki/publikacje/raport_e-learning_.pdf